

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)						SERIAL NO.	FILING DATE		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1	/	/	/			51			
2	/	/	/			52			
3	/	/	/			53			
4	/	3	/			54			
5	10	/	/			55			
6	/	/	/			56			
7	/	/	/			57			
8	/	/	/			58			
9	/	1	/			59			
10	4	/	/			60			
11	/	/	/			61			
12						62			
13						63			
14						64			
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38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3		3			TOTAL IND.			
TOTAL DEP.	3	↓	3	↓	↓	TOTAL DEP.	↓	↓	
TOTAL CLAIMS	16	5	10	5	5	TOTAL CLAIMS	5	5	